

MAY 15 2007

**FAX TRANSMISSION**

DATE: May 15, 2007

PTO IDENTIFIER: Application Number 09/854,199-Conf. #7926  
Patent Number

Inventor: Ken LANG

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: LAHIVE & COCKFIELD, LLP  
David R. Burns/Ishna Neamatullah

PHONE: (617) 227-7400

Attorney Dkt. #: KLQ-002RCE

PAGES (Including Cover Sheet): 17

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Transmittal (1 page)  
Fee Transmittal (1 page, in duplicate)  
Two Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Amendment and Response to Non-Final Office Action (11 pages)  
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PTO/55/07 (09-04)

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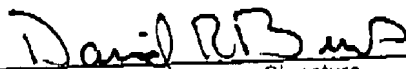
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Application No. (if known): 09/854,199

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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/854,199-Conf. #7928
	Filing Date	May 11, 2001
	First Named Inventor	Ken LANG
	Art Unit	3692
	Examiner Name	O. O. Oyebisi
	Attorney Docket Number	KLQ-002RCE
Total Number of Pages in This Submission		

## ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Transmission; Certificate of Transmission
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	LAHIVE & COCKFIELD, LLP		
Signature	<i>David R. Burns</i>		
Printed name	David R. Burns		
Date	May 15, 2007	Reg. No.	46,590

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Dated: May 15, 2007

Signature: *David R. Burns* (David R. Burns)

PTO/SB/17 (02-07)  
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**Effective on 12/08/2004.**  
**Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**

## FEE TRANSMITTAL

### For FY 2007

☒ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$) 225.00

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**Complete if Known**

Application Number	09/854,199-Conf. #7928
Filing Date	May 11, 2007
First Named Inventor	Ken LANG
Examiner Name	O. O. Oyebisi
Art Unit	3692
Attorney Docket No.	KLQ-002RCE

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP

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☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Multiple Dependent Claims**

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
29	28	0	0.00

HP = Highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	4	0	0.00

HP = Highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	150	(round up to a whole number) x		

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2252 Extension for response within second month 225.00

**SUBMITTED BY**

Signature	David R. Burns	Registration No. (Attorney/Agent)	48,590	Telephone	(617) 227-7400
Name (Print/Type)	David R. Burns	Date	May 15, 2007		

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